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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

*MA* This application is a DIV of 09/991,552 11/21/2001 PAT 6,696,254

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 12/08/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 11	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 15
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *Michael P. Hall* Initials: *MPH*

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TITLE  
 Detection and identification of enteric bacteria

FILING FEE  RECEIVED 2108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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